TH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cpd/132. Printed 10/25/2025

Board of Health, City of Baltimore,

Permit No. 985213

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty jour hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

Date of Death,	arch 11 th	87	П,
	rite legibly and spell recely. If an infant t named, give names }	Janna For	anz
See, Male or Female, Cross of require			
Age, 4	Years,	Months,	Days
Color,	-	Sex,	
Married, Single, Widow or W	Vidower, { Cross out the words not }	1	
Occupation,	2		1
Birthplace, State or country (and he long in the United States, of foreign birth.	or Assa	Atemore	, the to
Duration of Residence in the		turing ful	L,
Place of Death, { Give street and }	Ma low	To Ma	deson H
$Cause \ of \ Death, \left\{egin{array}{l} ext{First (Prink)} \ ext{Second (Im} \end{array} ight.$	0	to Laryng umonia	etis
furation of Last Sickness, All the above information should		ays	
Place of Burial, Holy	(D) ()	er Sola 4 15	offer
Date of Burial, Metrch	13, 1887	John 11,10	M. D. Medical Attendant.
(Undertaker, Kenny	Hoesh !	GAM	V Gan At
Place of Business, 102	3 M Einter Cla	Address 5620	. Jugues

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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and Special Attention of Physicians is Kespectiumy invited to the	e nemarks delow, and to	LIST M DISEASES ON DACK O	i this Certificate.
Bealth Department	t, City of	Baltimore	
Permit No. 4852/	ar of Vital St	atistics. Ward	12-
The Physician who attended any person in a last illness, is to the Undertaker or other person superintending the burial, wit requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTA	responsible for the present hin twenty-four hours after	tation of this Certificate, or the death of said decea	accurately filled out, ised, or sooner, is
CERTIFICATI	E OF D	EATH.	1
Date of Death, March	10 0	1887	
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	vry, MC	Dermon	t
Sex, Male or Female, {Cross out the word not }			
Age, 74 Years,	Monti	ns,	Days.
Color, /	Office	le \	
Married, Single, Widow or Widower, Cross out the required in the	words not }	V	
Occupation,	House	enrefe	
Birth Place, {State or country, and how long in the United States, }	Tre	land	
Duration of Residence in the City of Baltimo	re, Jones	- year	2
Place of Death, {Give Street and }	65 West	+ Hoffm	ian At.
$\it Cause of Death, egin{cases} { m First (Primary),} & \it Old \\ { m Second (Immediate),} & \it Old \end{cases}$	L Ag	E .	
Duration of Last Sickness,	18 1	our	
Place of Burial, THO Eg Geoss			
Date of Burial, Mary 12	E,	114	
S Undertaker, B. Mayle	. Company	Medical Attent	M. D.
Place of Business, 1/5' Word	Address,		

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rne Special Attention of Physicians is kespectivity invited to the Kemarks Delow, and to list of Diseases on Dack of this Certificate

Health	Bepartment,	Outy of Ba	ltimore.	111
Permit No. 985245	Office of Registrar	of Vital Statisti	cs. Ward	1
The Physician who attended any to the Undertaker or other person su requested so to do, under penalty of k	person in a last illness, is responsible the burial, within	onsible for the presentation of twenty-four hours after the des	this Certificate, accurate ath of said deceased, or	ely illed out, r sooner, if
CERT	TIFICATE	OF DEA	TH.	グ
Date of Death, Aa				
Full Name of Deceased, $\left\{\begin{smallmatrix} W \\ ccc \\ no \\ coc \\ occ $	rite legibly and spell recetly. If an Infant t named, give names parents.	elena Dura	l	
Sex, Male or Female, { Cross of required	ut the word not } d in this line.			
Age, \dots	Years,	Months,	14	Days.
Color, L	Thite			
Married, Single, Widow or	Widower, {Cross out the word required in this lin	s not }	1/	
Occupation,				
Birth Place, State or country, and long in the United State of foreign birth.	now Balten	in city		
Duration of Residence in	the City of Baltimore,	During	life	
$Place \ of \ Death, \{^{ ext{Give Street and }}_{ ext{Number.}}\}$		H 집에 다 시민들 (1) 그리고 있다면 하는데 있는데 그리고 있는데 10 10 10 10 10 10 10 10 10 10 10 10 10		
$\textit{Cause of Death}, egin{cases} ext{First (Prim} \ ext{Second (Im} \end{cases}$	ary), Corror d	esums		
Duration of Last Sickness, All the above information should be fur	nished by the Physician.	oug !		
Place of Burial, Mill	inflount to	4.		
Date of Burial,	eld 137 87	0 430.	7:	
J Undertaker, John	Lo Solinhi	y. II. Mai	Medical Attendant.	M. D.
Place of Business, 13	5 Alierannad	dress, 910 @	auto ,	et-

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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Health	Department,	City	of	Baltimore.
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852/6 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificite accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do under regular of law requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.
Date of Death, May 1/4 1881
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, 6 9 Years, Months, Days.
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Go of the Company
Birth Place, State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, / O
Place of Death, {Give Street and }
Cause of Death, { First (Primary), Second (Immediate), Office pleasery
Duration of Last Sickness, Clay All the above information should be furnished by the Physician.
Place of Burial, Balto Cemtry
Date of Burial, Mach 13th 1887
(Undertaker, Mm elicolaus Asodon Cot M. D. Medical Attendant.
Place of Business, 1715 alice and Address 578 Handers

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Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Poard of Health, City of Balt	THYATA
Comment of Maniety, Marry or Marry	impri,

12 th

Permit No. 98547

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended my person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said-deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Man	ch 11,1	887	
Full Name of Deceased, Write legibly correctly. If not named, go of parents.	and spell an infant tye names }	hine L. Ofice	ters
Sex, Male of Female, { Cross out the word required in this li	i not }		
Age,	Years,	Months,	12 Days
Color, White	-	Sex,	
Married, Single, Widow or Widower	. { Cross out the words not } required in this line. }		
Occupation,	_	,	1
Birthplace, State or country (and how birthplace, foreign birth.	Baltin	ore, ellos -	
Duration of Residence in the City of	of Baltimore, Ly	le ,	
Place of Death, [Give street and number.]			
Cause of Death, { First (Primary,) Second (Immediate,	, Capile	lang Brouchite	cá -
Duration of Last Sickness, O			
Place of Buriel, If Jan	nes Cem.	Thomas 6. 8	Feary
Date of Burial, March 7	Re 13,	0,00	Medical Attendant.
Undertaker, Walter &	mmel	Address 411 N.C	100 Ch
Place of Business, 594 W	Biddle 4.	Autress	reene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the dury of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-right hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Bealth Department, City of Baltimore. Permit No. 9852/8 • Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said decreased, or sooner, if requested so to do, under penalty of law. requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate. CERTIFICATE Date of Death, 10 March 1887 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. male Sex, Male or Female, {Cross out the word not } ... Days. Months, 64 Years, white Age,Germany Occupation,.... Birth Place, State or country, and how long in the United States. Duration of Residence in the City of Baltimore, 38 years 115 N Carrolton toen $Place\ of\ Death, \{^{ ext{Give Street and}}_{ ext{Number.}}\}$ First (Primary), Spurplenie Second (Immediate), Asply one Cause of Death, 5 olays Duration of Last Sickness, e above information should be furnished by the Physician. Place of Burial, Boltimore Courter, of & Orinhard Date of Burial, 12 Mark 1887 (Undertaker, Denny & Mitchell Place of Business, 550 Whayette Address, 720 No Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish the case comes under his notice, and the case comes are the case comes under his notice, an

and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Bealth Department, City of Baltimore.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if quested so to do, under penalty of law.
No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, Mar 10 10 1887
full Name of Deceased, {Write legibly and spell correctly. If an Inlant not named, give names of parents.
ex, Male or Female, {Cross out the word not }
ge, 59 Years, Months, Days
olor, white
Coupation. Carried Single, Widower, {Cross out the words not } married coupation.
irth Place, {State or country, and how long in the United States, if of foreign birth.
uration of Residence in the City of Baltimore, Lefeleur
lace of Death, {Give Street and } frully Ave
ause of Death, Second (Immediate).
aration of Last Sickness, All the above information should be furnished by the Physician.
lace of Burial, Loudan Park Jone
ate of Burial, March 132 1889 MKo Maruer M. D.
Undertaker, Levis Selvaster (Medical Attendant.)
Place of Business, 3/6 le French Address, 901 Strucker 24

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Bealth Department, City of Baltimore.
Permit No. 98530 Office of Registrar of Vital Statistics. Ward 16"
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled
out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
NO TERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A TROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, March 11. 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.} Many M. & Lautz
Sex, More or Female, {Cross out the word not }
Age, 5-6 Years, Months, 18 Days
Color, While .
Married, Single, Willow or Willower, {Cross out the words not } Married
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, 36 years
Place of Death, {Give Street and } 513 W. Barre
First (Primary), Jubercular Gentonities
Cause of Death, Second (Immediate), Exhaustion (Keart clot)
Duration of Last Sickness, 6 -8 Surettes
Place of Burial, Loudan Tark Oka
Date of Burial March 14th 189) /11 fresh
(Undertaker, I Lewis tehach Medical Attendant.
Place of Business, 316 n Fremon Address, 305 N Green &
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the
City of Baltimore. Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty
of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Health	Departmen	ıt, Çity	of Baltim	iore.
Permit No. 9853/	Office of Regist	trar of Vita	l Statistics.	Ward
The Physician who attended a to the Undertaker or other persons requested so to do, under penalty of No Permi	any person in a last illness, in superintending the burial, we'law. I law. T FOR BURIAL CAN BE OB	20'A	Sichiani (america) indicate and com-	· A ·
Date of Death,	TIFICAT	E OF	DEATH	I. 0
Date of Death,		llaid	1/2	
Full Name of Deceased, {	Write legibly and spell correctly. If an Infant not named, give names of parents	Charles	Meamer	1
Dea, made of L'enacce, requ	ired in this line.			
Age,	Years,	9 1	Ionths,	Days.
Color,			o hele	
Markied, Single, Willow o				
			1 /	
Birth Place, State or country, an long in the United if of foreign birth.	od how States, }			
Duration of Residence in	the City of Baltin	10re,		
$Place \ of \ Death, \{^{ ext{Give Street ar}}_{ ext{Number.}}$	od) to	72 /	1. Cross	A
Cause of Death, $\left\{egin{array}{l} ext{First (Pr. Second ())} \end{array} ight.$				
Duration of Last Sickness All the above information should be	88,	2 d	ays	
Place of Burial, Itali	1 Eroso	gen ,		
Date of Burial, March	tarle_	10	Burch	M. D.
Place of Business,		Address,	11 Hanor	cal Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Second (Immediate),

All the above information should be furnished by the Physician.

Place of Burial, New Ceather

Duration of Last Sickness,....

Date of Burial, Alurch 14

Days

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Medical Attendant.

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